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							(Depositor's rame)
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			L.				(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/598,841	09/13/2006	Richard John Sciotti		PC32216	A	1118	
TITLE OF INVENTION: SUBSTITUTED IMIDAZO[1,2-A]PYRIDINES AS ANTIBACTERIAL AGENTS							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	E FEE TOTAL I	FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$	1810	07/09/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MOORE, SUSANNA		1624	514-233200	_			
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list							
CFR 1.363).	ondence address (or Cha	nce of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2 J. Michael Dixon				
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Pfizer Inc. New York, NY							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee A check is enclosed.							
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
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1 XMANA							
Authorized Signature Date 47/C							
Typed or printed name	Michael Di	xon	Registration No. 32,410				
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